



# Maricopa County

## Environmental Services Department

Environmental Health Division  
Plan Review Office  
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### PLAN REVIEW APPLICATION – Food and Beverage Operations

**NOTICE: AN ILLEGIBLE OR INCOMPLETE PLAN SUBMITTAL WILL BE REJECTED!**

Permission must first be obtained from the following local City/County/State regulatory authorities if necessary, prior to plan review by this Department; Zoning, Planning, Building, Engineering, Liquor Control, Fire, etc.

#### PLEASE PRINT AND COMPLETE FOR THE PERMIT OFFICE.

- ❖ Name of Establishment \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_
- ❖ Name of Owner (Billing Party) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_
- ❖ Projected date for start of project \_\_\_\_\_
- ❖ Projected date for completion of project/ operation of business \_\_\_\_\_

#### FEE SUBMITTAL AMOUNT (Note: Fees are subject to change.)

<u>Quantity</u>	<u>Plan Type</u>	<u>Amount</u>	<u>\$Total</u>
_____	Establishment 0-9 seating	\$250.00	_____
_____	Establishment 10+ seating	\$350.00	_____
_____	All Other Establishments	\$350.00	_____
_____	Remodel Fee – Approved Only By Plan Review Office Staff		_____
_____	*Expedite Fee – 2x fee amount		2x Total

\* Note – Establishments in operation or opening within 15 business days of plan submittal will be charged an expedite fee. All inspections are conducted during normal business hours Monday to Friday, between the hours of 8am and 5pm.

**TOTAL DUE \$ \_\_\_\_\_**

#### - OFFICE USE ONLY -

Plan Review SG #'s \_\_\_\_\_  
Kind (New, Existing, Remodel, Expedite) \_\_\_\_\_ Type(s) \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_  
Date Received \_\_\_\_\_ Receipt # \_\_\_\_\_  
Site Location \_\_\_\_\_  
Plan Review District # \_\_\_\_\_  
Old permit SG#'s \_\_\_\_\_

**SUBMIT (Please refer to the construction guideline for assistance.)**

- ✓ One (1) complete set of plans (minimum size 8.5" x 11" or larger)
- ✓ Plan Review fee(s)
- ✓ Include one (1) plumbing site plan (including wells & septic systems if project is not in any city).

**ENCLOSE THE FOLLOWING DOCUMENTS:**

- ✓ Proposed menu (Including seasonal, off-site and catering menus).
- ✓ Finish schedule of interior finishes.
- ✓ Plumbing schedule.
- ✓ Plumbing layout showing type and location of equipment with drains.
- ✓ Equipment schedule showing type, manufacturer, and model numbers.
- ✓ Floor plan layout. All equipment shall be clearly labeled on the plan with its common name.
- ✓ Manufacturer specification sheets "cut sheets" for each piece of equipment shown on the plan.
- ✓ Shop drawings of all custom-built equipment.
- ✓ Complete exhaust ventilation plans (HVAC), including restroom ventilation.
- ✓ Lighting plan.
- ✓ All existing equipment and finishes must be defined.
- ✓ Site plan showing the location of restrooms, mop basin, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).
- ✓ Written legal agreement for shared restrooms not located within the establishment.

**FILL IN OR CHECK ALL THAT APPLY. PLEASE WRITE "n/a" IF NOT APPLICABLE.**

- ✓ Type of Operation: Dine in \_\_\_ Take-out \_\_\_ Bar \_\_\_ Caterer \_\_\_ Retail Grocery \_\_\_ Meat \_\_\_ Bakery \_\_\_ Deli \_\_\_ School Cafeteria \_\_\_ Food Jobber \_\_\_ Food Processor \_\_\_ Other (Please specify) \_\_\_\_\_
- ✓ Seating Capacity \_\_\_\_\_ Hours of Operation \_\_\_\_\_ Number of Staff \_\_\_\_\_
- ✓ Sewer Type: Public \_\_\_ Septic/ Private \_\_\_ Water Supply: Public \_\_\_ Well/ Private \_\_\_
- ✓ Will alcohol be served and consumed on site? Yes \_\_\_ No \_\_\_
- ✓ Drive-thru/ pick up window? Yes \_\_\_ No \_\_\_ Number of levels on which operations are conducted? \_\_\_\_\_
- ✓ Continuous openings/ doors off the dining room or bar area to the exterior? Yes \_\_\_ No \_\_\_
- ✓ Anticipated meals to be sold or served: Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_
- ✓ I have obtained the necessary approvals from the proper local City/ County/ State regulatory authorities prior to this submittal? Yes \_\_\_ No \_\_\_

**PLEASE PRINT AND COMPLETE FOR PLAN REVIEW CORRESPONDENCE LETTERS.**

**Name of Establishment** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Name of Owner (Billing Party)** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Name of Architect** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Name of Contractor** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

I hereby certify that the above information is correct and these documents comply with the Maricopa County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.

**SIGNATURE**

**TITLE**

**DATE**

**NOTE:** Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection and final inspection of the establishment with equipment in place and operating will be necessary to determine if it complies with the Maricopa County Environmental Health Code governing establishments.

## ❖ FINISH SCHEDULE

INDICATE WHICH TYPE OF MATERIALS WILL BE USED IN THE FOLLOWING AREAS:

PLEASE PRINT. WRITE "n/a" IF NOT APPLICABLE.

	Floor(s)	Wall(s)	Base/Cove	Ceiling(s)	Remarks:
Kitchen					
Bar(s)					
Food Storage					
Other Storage					
Restroom(s)					
Dressing Room(s)					
Garbage & Refuse Storage					
Mop Sink Area(s)					
Ware washing					
Walk-in Freezer(s) And Refrigerator(s)					
Interior(s) Under Vent Hood(s)					

## ❖ PLUMBING SCHEDULE

INDICATE ALL PLUMBING CONNECTIONS APPLICABLE TO THE ESTABLISHMENT.

PLEASE PRINT. WRITE "n/a" IF NOT APPLICABLE.

	Indirect drain connection/ Air Gap	Direct drain connection/ P-Trap	Backflow Preventer(s)	Condensate Pump	Remarks
<b>Sink(s):</b>					
Hand sink					
Mop					
3-comp					
Food Prep					
Dishwasher					
Ice Machine(s)					
Water Station(s)					
Condensate Line(s)					
Steam Table(s)					
Dipper Well(s)					
Beverage Station(s)					
Garbage Disposal(s)					
Water Heater(s) (Indicate size & recovery rate.)					
Other					

4-26-05 DB